

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
			APPLICANT(S)					
CLAIMS								
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AFTER 3 <sup>RD</sup> AMENDMENT	
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TOTAL IND.	1		8		18			
TOTAL DEP.	3		2		1			
AMOUNT								